

AUDREY SOLTIS
10741 30TH ST
BOWLUS MN 56314

MID MN FAMILY MEDICINE CENTER
1520 WHITNEY COURT STE 200
ST CLOUD, MN 56303

11/20/07 10:27

Date	Description	LC CPT4	ICDA Codes	Charges	Pmt/Adj	Amt Due	Enc #
12/09/05	SUMMARY FOR AUDREY WITH DR ROBERTSON, FNP	11 99213	8470	95.00	95.00-		2172468
11/19/05	INTERMEDIATE OFF VISIT	11		95.00			
11/03/06	DATE OF INJ AUTO RELATED	11					
1/03/06	STATE FARM INSURANCE	11	*CLAIM FILED*	95.00	95.00-		
1/19/06	INSURANCE PAYMENT	11					
12/29/05	SUMMARY FOR AUDREY WITH DR ROBERTSON, FNP	11 99213	92310	180.00	180.00-		2187268
11/19/05	INTERMEDIATE OFF VISIT	11		95.00			
11/19/05	DATE OF INJ AUTO RELATED	11					
12/29/05	FOREARM	11 73090	92310	85.00			
2/07/06	STATE FARM INSURANCE	11	*CLAIM FILED*	180.00			
2/21/06	INSURANCE PAYMENT	11					
3/02/06	SUMMARY FOR AUDREY WITH DR ROBERTSON, FNP	11 99212	8470	70.50	70.50-		2231744
11/19/05	LIMITED OFFICE VISIT	11		70.50			
11/19/05	DATE OF INJ AUTO RELATED	11					
3/28/06	STATE FARM INSURANCE	11	*CLAIM FILED*	70.50			
4/10/06	INSURANCE PAYMENT	11					
5/04/06	SUMMARY FOR AUDREY WITH DR ROBERTSON, FNP	11 99213	7231	95.00	95.00-		2277945
11/19/05	INTERMEDIATE OFF VISIT	11		95.00			
6/13/06	DATE OF INJ AUTO RELATED	11					
6/27/06	STATE FARM INSURANCE	11	*CLAIM FILED*	95.00			
7/31/06	INSURANCE PAYMENT	11					
7/31/06	SUMMARY FOR AUDREY WITH DR ROBERTSON, FNP	11 99213	7840	103.25	103.25-		2339125
11/19/05	INTERMEDIATE OFF VISIT	11		103.25			
11/19/05	DATE OF INJ AUTO RELATED	11					
8/29/06	STATE FARM INSURANCE	11	*CLAIM FILED*	103.25			
9/06/06	INSURANCE PAYMENT	11					
7/10/06	SUMMARY FOR AUDREY WITH DR ROBERTSON, FNP	11 99213	7840	103.25	103.25-		2344158
11/19/05	INTERMEDIATE OFF VISIT	11		103.25			
11/19/05	DATE OF INJ AUTO RELATED	11					
8/08/06	STATE FARM INSURANCE	11	*CLAIM FILED*	103.25			
8/11/06	PAYMENT-CHECK	11					
8/16/06	INSURANCE PAYMENT	11					
8/16/06	MINIMUM BALANCE WRITE OFF	11					

(Continued on Next Page)

Current	30-Days	60-Days	90-Days	120-Days	Total Due
.00	.00	.00	.00	.00	.00

AUDREY SOLTIS
10741 30TH ST
BOWLUS MN 56314

MID MN FAMILY MEDICINE CENTER
1520 WHITNEY COURT STE 200
ST CLOUD, MN 56303

11/20/07 10:27

320 584-5470 Acct# 012914 5 320 240-3157 Fed# 410695596

Date	Description	IC CPT4	ICDA Codes	Charges	Pmt/Adj	Amt Due	Enc #
9/15/06	SUMMARY FOR AUDREY WITH DR ROBERTSON, FNP	11 9213	7231	103.25	103.25-		2381622
11/19/05	INTERMEDIATE OFF VISIT	11		103.25			
10/10/06	DATE OF INJ AUTO RELATED	11		103.25			
10/23/06	STATE FARM INSURANCE	11	*CLAIM FILED*	103.25			
11/13/06	SUMMARY FOR AUDREY WITH DR ROBERTSON, FNP	11		160.00	160.00-		2423317
11/19/05	EXTENDED OFFICE VISIT	11 9214	7231	160.00			
2/12/06	DATE OF INJ AUTO RELATED	11		160.00			
2/20/06	STATE FARM INSURANCE	11	*CLAIM FILED*	160.00			
1/08/07	SUMMARY FOR AUDREY WITH DR ROBERTSON, FNP	11		103.25	103.25-		2462018
11/19/05	INTERMEDIATE OFF VISIT	11 9213	7231	103.25			
2/06/07	DATE OF INJ AUTO RELATED	11		103.25			
2/16/07	STATE FARM INSURANCE	11	*CLAIM FILED*	103.25			
3/23/07	SUMMARY FOR AUDREY WITH DR ROBERTSON, FNP	11		103.25			
11/19/05	INTERMEDIATE OFF VISIT	11 9213	7231	103.25			2515278
5/01/07	DATE OF INJ AUTO RELATED	11		103.25			
5/15/07	STATE FARM INSURANCE	11	*CLAIM FILED*	103.25			
	INSURANCE PAYMENT	11		103.25			

Current	30-Days	60-Days	90-Days	120-Days	Total Due
.00	.00	.00	.00	.00	.00

Case 08-35653-KPH Doc 10457-1 Filed 04/05/11 Entered 04/08/11 09:51:16
MID MINNESOTA FAMILY PRACTICE
1520 WHITNEY COURT SUITE
SAINT CLOUD, MN 56303

FOR BILLING INQUIRIES CALL
Exhibit(s) Page 3 of 26

A-L: (320) 240-3155
M-Z: (320) 240-3118

**STATEMENT
OF
ACCOUNT**

**This statement is for services performed at
Mid Minnesota Family Practice**

AUDREY SOLTIS
10741 30TH ST
BOWLUS MN 56314

PAYMENTS RECEIVED AFTER
STATEMENT DATE SHOWN WILL
APPEAR ON NEXT MONTH'S STATEMENT

**PLEASE MAKE CHECK PAYABLE TO:
MID MINNESOTA FAMILY PRACTICE**

ACCOUNT NUMBER
012914

STATEMENT DATE
11/27/07

DETACH AND RETURN UPPER PORTION WITH PAYMENT

AMOUNT ENCLOSED

\$ _____

ENCTR #	DATE	PATIENT	DOCTOR	CPT4	MOD.	DESCRIPTION OF SERVICE	ICD9	AMOUNT
2617967	9/10/07	AUDREY	BRADFORD	99213	25	INTERMEDIATE OFF VIS	V7283 1749	418.00
	9/10/07	AUDREY	BRADFORD	93000		ECG INTERP & REPORT	V7283	107.00
	9/10/07	AUDREY	BRADFORD	85610	90	PROTIME	V7283	93.50
	9/10/07	AUDREY	BRADFORD	85025	90	CBC & PLATLETS/AUTO	V7283	21.50
	9/10/07	AUDREY	BRADFORD	80048	90	CHEM 7 PANEL	V7283	34.50
	9/10/07	AUDREY	BRADFORD	86304	90	IMMUNO FOR TUMOR ANT	V7283	49.50
	9/10/07	AUDREY	BRADFORD	81003	90	UA, W/O MICRO AUTO	1749	61.50
	9/10/07	AUDREY	BRADFORD	85730	90	THROMBOPLASTIN TIME/	V7283	10.00
	9/10/07	AUDREY	BRADFORD	36415		VENIPUNCTURE	V7283	26.00
	11/19/05	AUDREY	BRADFORD			DATE OF INJ AUTO REL	V7283 1749	14.50
	11/20/07	AUDREY	BRADFORD			STATE FARM INSURANCE	*CLAIM FILED*	418.00

*Physical
Before Surgery
9-17-07
Surgery date*

RF

**MINORS MUST BE ACCOMPANIED BY AN ADULT. COPAYS ARE DUE AT
TIME OF SERVICE. VISA AND MASTERCARD ACCEPTED
BRING CURRENT MEDICATION BOTTLES TO YOUR APPOINTMENTS.**

**418.00
NEW
BALANCE**

1500

PO BOX 82613
LINCOLN, NE 68501

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP <input type="checkbox"/> FECA <input type="checkbox"/> OTHER: <input checked="" type="checkbox"/> (ID)		1a. INSURED'S I.D. NUMBER (For Program in Item 1)	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)		3. PATIENT'S BIRTH DATE	
SOLTIS AUDREY A		05211956 M <input type="checkbox"/> F <input checked="" type="checkbox"/>	
4. INSURED'S NAME (Last Name, First Name, Middle Initial)		5. INSURED'S ADDRESS (No., Street)	
SOLTIS AUDREY A		10741 30TH ST	
6. PATIENT RELATIONSHIP TO INSURED		7. INSURED'S ADDRESS (No., Street)	
Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>		10741 30TH ST	
8. PATIENT STATUS		CITY	
Single <input type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/>		BOWLUS	
9. PATIENT'S ADDRESS (No., Street)		STATE	
10741 30TH ST		MN	
10. IS PATIENT'S CONDITION RELATED TO:		11. INSURED'S POLICY GROUP OR FECA NUMBER	
a. EMPLOYMENT? (Current or Previous)		None	
b. AUTO ACCIDENT?		c. EMPLOYER'S NAME OR SCHOOL NAME	
c. OTHER ACCIDENT?		d. IS THERE ANOTHER HEALTH BENEFIT PLAN?	
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE		13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE	
I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment.		I authorize payment of medical benefits to the undersigned physician or supplier for services described below.	
SIGNED Signature on File DATE 09252007		SIGNED Signature on File	
14. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP)		15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE	
11192005		17a. G82634	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE		17b. NPI 1558302372	
SCHWENDER JAMES D		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES	
19. RESERVED FOR LOCAL USE		20. OUTSIDE LAB? \$ CHARGES	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by line)		22. MEDICAID RESUBMISSION CODE	
7230		23. PRIOR AUTHORIZATION NUMBER	
2. E8495		3. E8120	
24. A. DATE(S) OF SERVICE		B. PLACE OF SERVICE	
C. D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)		E. DIAGNOSIS POINTER	
F. \$ CHARGES		G. DAYS OR UNITS	
H. ICD-9-CM		I. RENDERING PROVIDER ID #	
09 25 07 09 25 07 12		L0174 NU	
410.00 1		1	
200221939		1447222054	
09 25 07 09 25 07 12		L1499 NU	
40.00 1		1	
200221939		1447222054	
25. FEDERAL TAX I.D. NUMBER		26. PATIENT'S ACCOUNT NO.	
200221939		5925	
27. ACCEPT ASSIGNMENT? (For govt. claims, see back)		28. TOTAL CHARGE	
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		\$ 450.00	
29. AMOUNT PAID		30. BALANCE DUE	
\$ 0.00		\$ 450.00	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)		32. SERVICE FACILITY LOCATION INFORMATION	
CAROL HENTGES		33. BILLING PROVIDER INFO & PH #	
SIGNED 09262007		(612) 871 5000	
		Custom Care Orthotics Inc	
		910 E 26TH ST 460	
		MINNEAPOLIS MN 55404	
		*1447222054 200221939	

ALLINA HOSPITALS & CLINICS
NW 5336

AUDREY A SOLTIS

MINNEAPOLIS, MN 55480-7720

11/24/07

50014185

AUDREY A SOLTIS
10741 30TH ST

ALLINA HOSPITALS & CLINICS
NW 5336

BOWLUS, MN 56314

MINNEAPOLIS, MN 55480-7720

SVC DATE	PATIENT	PROCEDURE	TR	UN	CPT	CHARGE	INS FILED	INS PAID	PAT PAID	ADJUSTMT	PAT POR
09/17/07	SOLTIS,AUDREY A	PR INPATIENT	1	1	99251	105.00	0.00	0.00	0.00	0.00	105.00
10/04/07	INS FILED: STATE FARM-STATE FARM MN										
Pending	INS FILED: STATE FARM-STATE FARM MN										
09/17/07	SOLTIS,AUDREY A	PR EMG LIMITE	2	1	95870	61.00	0.00	0.00	0.00	0.00	61.00
10/04/07	INS FILED: STATE FARM-STATE FARM MN										
Pending	INS FILED: STATE FARM-STATE FARM MN										
09/17/07	SOLTIS,AUDREY A	PR EMG LIMITE	3	1	95870	61.00	0.00	0.00	0.00	0.00	61.00
10/04/07	INS FILED: STATE FARM-STATE FARM MN										
Pending	INS FILED: STATE FARM-STATE FARM MN										
09/17/07	SOLTIS,AUDREY A	PR EMG LIMITE	4	1	95870	61.00	0.00	0.00	0.00	0.00	61.00
10/04/07	INS FILED: STATE FARM-STATE FARM MN										
Pending	INS FILED: STATE FARM-STATE FARM MN										
09/17/07	SOLTIS,AUDREY A	PR EMG LIMITE	5	1	95870	61.00	0.00	0.00	0.00	0.00	61.00
10/04/07	INS FILED: STATE FARM-STATE FARM MN										
Pending	INS FILED: STATE FARM-STATE FARM MN										
09/17/07	SOLTIS,AUDREY A	PR EEG DURING	6	1	95955	157.00	0.00	0.00	0.00	0.00	157.00
10/17/07	INSURANCE PAYMENT				0.00						

CONTINUED

ALLINA HOSPITALS & CLINIC

Ann-1-29-08
\$1655 balance

ALLINA HOSPITALS & CLINICS
NW 5336

AUDREY A SOLTIS

MINNEAPOLIS, MN 55480-7720

11/24/07

50014185

AUDREY A SOLTIS
10741 30TH ST

ALLINA HOSPITALS & CLINICS
NW 5336

BOWLUS, MN 56314

MINNEAPOLIS, MN 55480-7720

SVC DATE	PATIENT	PROCEDURE	TR	UN	CPT	CHARGE	INS FILED	INS PAID	PAT PAID	ADJUSTMT	PAT POR
10/17/07	INSURANCE DISCOUNT				0.00						
10/04/07	INS FILED: STATE FARM-STATE FARM MN										
09/17/07	SOLTIS,AUDREY A	PR NEUROMUSCU	7	1	95937	110.00	0.00	0.00	0.00	0.00	110.00
10/17/07	INSURANCE PAYMENT				0.00						
10/17/07	INSURANCE DISCOUNT				0.00						
10/04/07	INS FILED: STATE FARM-STATE FARM MN										
09/17/07	SOLTIS,AUDREY A	PR C MOTOR EV	8	1	95929	244.00	0.00	0.00	0.00	0.00	244.00
10/17/07	INSURANCE PAYMENT				0.00						
10/17/07	INSURANCE DISCOUNT				0.00						
10/04/07	INS FILED: STATE FARM-STATE FARM MN										
09/17/07	SOLTIS,AUDREY A	PR C MOTOR EV	9	1	95928	244.00	0.00	0.00	0.00	0.00	244.00
10/17/07	INSURANCE PAYMENT				0.00						
10/17/07	INSURANCE DISCOUNT				0.00						
10/04/07	INS FILED: STATE FARM-STATE FARM MN										
09/17/07	SOLTIS,AUDREY A	PR SOMATOSENS	10	1	95926	88.00	0.00	0.00	0.00	0.00	88.00
10/04/07	INS FILED: STATE FARM-STATE FARM MN										
Pending	INS FILED: STATE FARM-STATE FARM MN										

CONTINUED

ALLINA HOSPITALS & CLINIC

ALLINA HOSPITALS & CLINICS
NW 5336

AUDREY A SOLTIS

MINNEAPOLIS, MN 55480-7720

11/24/07 50014185

AUDREY A SOLTIS
10741 30TH ST

ALLINA HOSPITALS & CLINICS
NW 5336

BOWLUS, MN 56314

MINNEAPOLIS, MN 55480-7720

SVC DATE	PATIENT	PROCEDURE	TR	UN	CPT	CHARGE	INS FILED	INS PAID	PAT PAID	ADJUSTMT	PAT POR
09/17/07	SOLTIS,AUDREY A	PR NERVE COND	11	2	95903	196.00	0.00	0.00	0.00	0.00	196.00
10/17/07	INSURANCE PAYMENT					0.00					
10/17/07	INSURANCE DISCOUNT					0.00					
10/04/07	INS FILED: STATE FARM-STATE FARM MN										
09/17/07	SOLTIS,AUDREY A	PR INTRAOPERA	12	2	95920	704.00	0.00	0.00	0.00	0.00	704.00
10/17/07	INSURANCE PAYMENT					0.00					
10/17/07	INSURANCE DISCOUNT					0.00					
10/04/07	INS FILED: STATE FARM-STATE FARM MN										

* denotes new activity

Undistributed Credits 0.00

11/24/07 AUDREY A SOLTIS

50014185

2092.00

ALLINA HOSPITALS & CLINIC

437.00 1655.00 0.00 0.00 0.00

Our credit policy is payment in full upon receipt of this statement. We acc
Visa, MasterCard, Discover, American Express and Med Credit.

Please Remit To:



ALLINA
Allina Hospitals & Clinics

COMMUNITY PHARMACIES

Allina Pharmacies Finance
P.O. Box 43 Mail Route 10911
Minneapolis, MN 55440-0043
PHARMACY PHONE: (612) 262-5980

PAGE 1 OF 1 PAGES 16

Amt. Enclosed	Billing Date	Account No.
	10/16/07	97405

☐ VISA ☐ MASTERCARD ☐ DISCOVER ☐ AMERICAN EXPRESS

ACCT. # _____

EXPIRES _____

SIGNATURE _____

AUDREY A SOLTIS
10741 30TH ST
BOWLUS, MN 56314-2056

PLEASE RETURN THIS PORTION WITH YOUR REMITTANCE

DETACH HERE

Retain This Statement For Your Tax Records

Transaction Date	DESCRIPTION/TRANSACTION NUMBER	Tax Deductible Charges	Non Tax Deductible Charges	Sales Tax	Payments/Credits
09/28/07	ACP HEART PHARM RX 165111475 SENNA S TAB 8.6-50	4.95			
09/28/07	ACP HEART PHARM RX 165111477 POTASSIUM CL CR TA	13.65			
09/28/07	ACP HEART PHARM RX 165111479 AVELOX TAB 400MG	95.65			
09/28/07	ACP HEART PHARM RX 165111481 DIAZEPAM TAB 5MG	12.50			
09/28/07	ACP HEART PHARM RX 162022286 OXYCODONE/APAP 5/3	17.30			
		Charges Since Last Billing	144.05		
		Year to Date Charges	181.05	18.50	55.50
		Bal. Last Statement		This Month's Charges	144.05
				Payments/Credits	
					TOTAL AMT. DUE
					144.05

Current	30 Days Past Due	60 Days Past Due	90 Days Past Due	120 Days Past Due	97405 AUDREY A SOLTIS
144.05	0.00	0.00	0.00		Allina Pharmacies Finance

SERVICE CHARGES are calculated at a **MONTHLY PERIODIC RATE OF** % **(ANNUAL RATE OF 0%)**
based upon an unpaid balance of outstanding days or more as of billing date.



COMMUNITY PHARMACIES Phone 612-262-5980, Fax 612-262-5988
Toll free phone # for all locations 1-866-462-2057

PATIENT RECEIPT OF SERVICES R ED

Exhibit(s) Page 9 of 26

DATE: 11/14/07 USER: RZ

223894

CONSULTING RADIOLOGISTS LTD MN
1221 NICOLLET MALL 600
MINNEAPOLIS MN 55403
(612) 573-2200
Tax ID: 41-0974675

AUDREY SOLTIS
10741 30TH ST
BOWLUS MN 56314

For: AUDREY A SOLTIS
Account No.: 031630276

SERVICE DATE	CPT	DESCRIPTION DIAGNOSIS DOCTOR	CHARGE	PAYMENT	BALANCE
09/21/07	71010	CHEST SINGLE VIEW,FRONTAL 518.81 STEPHEN H HITE MD	26.00		26.00
09/17/07	72020	SPINE SINGLE VIEW 723.0 NEERAJ D CHEPURI MD	22.00		18.00
09/23/07	71260	CT CHEST SCAN W/CONTRAST 786.09 FREDERICK R OLSON MD	175.00		223.00
0/15/07	113	PMT-COMMERCIAL INSURANCE **LP** NEERAJ D CHEPURI MD		22.00	201.00
0/15/07	113	PMT-COMMERCIAL INSURANCE **LP** STEPHEN H HITE MD		26.00	175.00
0/17/07	R115	PMT-AUTO INSURANCE EXHAUS **LP** FREDERICK R OLSON MD		0.00	175.00

NORTHWEST ANESTHESIA, PA
ANESTHESIOLOGISTS
BOX 47920

PLYMOUTH, MN 55447

60069754 AUDREY A SOLTIS

11/15/2007 2057.55

AUDREY A SOLTIS
10741 30TH STREET

BOWLUS, MN 56314-2056

NORTHWEST ANESTHESIA, PA
ANESTHESIOLOGISTS
BOX 47920

PLYMOUTH, MN 55447

COPAY / COINSURANCE APPLIED
DEDUCTIBLE APPLIED
BALANCE IS PATIENT LIABILITY
FINANCE CHARGE
FINANCE CHARGE
FINANCE CHARGE
FINANCE CHARGE
INSURANCE PAYMENT
INSURANCE PAYMENT
INSURANCE PAYMENT
INTEREST DEBIT

03/09/04		2.03
04/06/04		2.03
05/04/04		2.03
06/01/04		2.03
08/25/05		100.00CR
		100.00CR
09/20/05		12.82CR
		2.00

11/24/03 W. MALLON, CRNA INSERT SPINE FIXATION DEV(CPT:22840, Diag:738.4) 1372.28
FACILITY: ABBOTT NORTHWESTERN HOSPITAL
3 HOUR(S) 15 MINUTES, REFERRING PHYSICIAN: J. SCHWENDER

12/01/03 INSURANCE FILED WITH BLUE SHIELD OF MINNESOTA PO BOX 64338 ST PAUL
12/12/03 INSURANCE PAYMENT 659.78CR
INSURANCE ADJUSTMENT 547.56CR

COPAY / COINSURANCE APPLIED
DEDUCTIBLE APPLIED
BALANCE IS PATIENT LIABILITY
FINANCE CHARGE 1.65
FINANCE CHARGE 1.65
FINANCE CHARGE 1.65
FINANCE CHARGE 1.65
INSURANCE PAYMENT 87.18CR
INSURANCE PAYMENT 100.00CR
INTEREST DEBIT 15.64

01/09/06 J. LILLEHEI, MD REMOVE SPINE FIXATION DEV(CPT:22852, Diag:996.78) 1248.87
FACILITY: ABBOTT NORTHWESTERN HOSPITAL
1 HOUR(S) 46 MINUTES, REFERRING PHYSICIAN: J. SCHWENDER
01/16/06 INSURANCE FILED WITH MEDICA CHOICE MSP PO BOX 30990 SALT LAKE CITY

638.77	4218.16	2799.38	12.00	1.00	-45.26	0.00	2057.55
--------	---------	---------	-------	------	--------	------	---------

ACCOUNT: 60069754 NAME: AUDREY A SOLTIS

TO PAY YOUR BALANCE CALL (763) 852-0401

PLEASE EMAIL SUPPORT@HEALTHBILLING.NET WITH UPDATED INSURANCE

AND PAYMENT INFORMATION OR CALL 763-852-0402

PAYMENT IS DUE IN 30 DAYS

Direct billing inquiries to:

NORTHWEST ANESTHESIA, PA

Phone: (763) 559-3779 FEIN:41-1227535

Business Hours: 8:00 AM - 4:30 PM Monday through Friday

NORTHWEST ANESTHESIA, PA
ANESTHESIOLOGISTS
BOX 47920

PLYMOUTH, MN 55447

60069754 AUDREY A SOLTIS

11/15/2007 2057.55

AUDREY A SOLTIS
10741 30TH STREET

BOWLUS, MN 56314-2056

NORTHWEST ANESTHESIA, PA
ANESTHESIOLOGISTS
BOX 47920

PLYMOUTH, MN 55447

02/02/06	INSURANCE PAYMENT	328.74CR
	INSURANCE ADJUSTMENT	437.94CR
	COPAY / COINSURANCE APPLIED	
	DEDUCTIBLE APPLIED	
05/11/06	FINANCE CHARGE	4.82
06/21/06	FINANCE CHARGE	4.82
07/25/06	FINANCE CHARGE	4.82
08/24/06	FINANCE CHARGE	4.82
11/21/06	INSURANCE PAYMENT	200.00CR
11/28/06	INSURANCE PAYMENT	222.57CR
11/30/06	INSURANCE PAYMENT	83.88CR
	INTEREST DEBIT	4.98
01/09/06 A. KIMBRELL, CRNA	REMOVE SPINE FIXATION DEV (CPT:22852, Diag:996.78)	1199.52
	FACILITY: ABBOTT NORTHWESTERN HOSPITAL	
	1 HOUR(S) 46 MINUTES, REFERRING PHYSICIAN: J. SCHWENDER	
01/16/06	INSURANCE FILED WITH MEDICA CHOICE MSP PO BOX 30990 SALT LAKE CITY	
02/02/06	INSURANCE PAYMENT	528.08CR
	INSURANCE ADJUSTMENT	539.42CR
	COPAY / COINSURANCE APPLIED	
05/11/06	FINANCE CHARGE	1.32
06/21/06	FINANCE CHARGE	1.32
07/25/06	FINANCE CHARGE	1.32
08/24/06	FINANCE CHARGE	1.32
11/30/06	INSURANCE PAYMENT	138.69CR
	INTEREST DEBIT	1.39
09/17/07 R. KUNZE, MD	INSERT SPINE FIXATION DEV (CPT:22840, Diag:723.4)	2154.24
	FACILITY: ABBOTT NORTHWESTERN HOSPITAL	
	3 HOUR(S) 41 MINUTES, REFERRING PHYSICIAN: J. SCHWENDER	
09/27/07	INSURANCE FILED WITH STATE FARM INSURANCE - AUTO PO BOX 82640 LINC	
10/04/07	INSURANCE PAYMENT	2154.24CR

638.77 4218.16 2799.38 12.00 1.00 -45.26 0.00 2057.55

ACCOUNT: 60069754 NAME: AUDREY A SOLTIS

TO PAY YOUR BALANCE CALL (763) 852-0401

PLEASE EMAIL SUPPORT@HEALTHBILLING.NET WITH UPDATED INSURANCE INFORMATION

AND PAYMENT INFORMATION OR CALL 763-852-0402

PAYMENT IS DUE IN 30 DAYS

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NORTHWEST ANESTHESIA, PA

Phone: (763) 559-3779 FEIN: 41-1227535

Business Hours: 8:00 AM - 4:30 PM Monday through Friday

NORTHWEST ANESTHESIA, PA
ANESTHESIOLOGISTS
BOX 47920

PLYMOUTH, MN 55447

60069754 AUDREY A SOLTIS

11/15/2007 2057.55

AUDREY A SOLTIS
10741 30TH STREET

BOWLUS, MN 56314-2056

NORTHWEST ANESTHESIA, PA
ANESTHESIOLOGISTS
BOX 47920

PLYMOUTH, MN 55447

08/12/02	J. SHAW, MD	INSERT SPINE FIXATION DEV(CPT:22840, Diag:V45.4)	NR	1322.00
		FACILITY: ABBOTT NORTHWESTERN HOSPITAL		
		2 HOUR(S) 58 MINUTES, REFERRING PHYSICIAN: J. SCHWENDER		
08/19/02		INSURANCE FILED WITH BLUE SHIELD OF MINNESOTA PO BOX 64338 ST PAUL		
08/30/02		INSURANCE PAYMENT		573.60CR
		INSURANCE ADJUSTMENT		605.00CR
		COPAY / COINSURANCE APPLIED		
12/04/02		FINANCE CHARGE		1.43
01/08/03		FINANCE CHARGE		1.43
11/22/05		INSURANCE PAYMENT		100.00CR
12/19/05		INSURANCE PAYMENT		72.20CR
		INTEREST DEBIT		25.94
08/12/02	W. SCOTT, CRNA	INSERT SPINE FIXATION DEV(CPT:22840, Diag:V45.4)	NR	1279.00
		FACILITY: ABBOTT NORTHWESTERN HOSPITAL		
		2 HOUR(S) 58 MINUTES, REFERRING PHYSICIAN: J. SCHWENDER		
08/19/02		INSURANCE FILED WITH BLUE SHIELD OF MINNESOTA PO BOX 64338 ST PAUL		
08/30/02		INSURANCE PAYMENT		624.48CR
		INSURANCE ADJUSTMENT		498.40CR
		COPAY / COINSURANCE APPLIED		
12/04/02		FINANCE CHARGE		1.56
01/08/03		FINANCE CHARGE		1.56
12/19/05		INSURANCE PAYMENT		27.80CR
01/23/06		INSURANCE PAYMENT		100.00CR
02/21/06		INSURANCE PAYMENT		61.70CR
		INTEREST DEBIT		30.26
11/24/03	J. SHAW, MD	INSERT SPINE FIXATION DEV(CPT:22840, Diag:738.4)	NR	1430.26
		FACILITY: ABBOTT NORTHWESTERN HOSPITAL		
		3 HOUR(S) 15 MINUTES, REFERRING PHYSICIAN: J. SCHWENDER		
12/01/03		INSURANCE FILED WITH BLUE SHIELD OF MINNESOTA PO BOX 64338 ST PAUL		
12/12/03		INSURANCE PAYMENT		810.78CR
		INSURANCE ADJUSTMENT		416.78CR

638.77 4218.16 2799.38 12.00 1.00 -45.26 0.00 2057.55

ACCOUNT: 60069754 NAME: AUDREY A SOLTIS

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06/16/2009 14:00 753-43 3,001

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Statement of Account

Page 1

Statement 01/21/08 Through 06/16/09

CENTER FOR DIAGNOSTIC IMAGING
PO BOX 1450 NW 6035
MINNEAPOLIS MN 55485-6035

Account 91530413

Balance Due \$ 621.26

Statement Date 06/16/09

Federal ID No. 41-1410766

Business Phone 800-634-4064
Registration Phone 952-541-1840

BC 69 AUDREY A SOLTIS
FC 10741 30TH ST
NC BOWLUS MN 56314

- - Patient Name - -
AUDREY A SOLTIS

- - Misc Remarks - -

Date	Patient	Code	PL	Mod	Description	Units	Doctor	Batch	Pt Amount	Ins Amount
01/21/08	AUDREY	72158	11		MRI LUMBAR W/O & W Dx 724.02	1	MULLIN MD, WILLI	38550	.00	3219.00
01/21/08	AUDREY	A9579	11		GAD-BASED CONTRAST NOS, PER ML Dx 724.02	10	MULLIN MD, WILLI	38550	.00	214.00
01/21/08	AUDREY	72158	11		MRI LUMBAR W/O & W Dx 724.02	1	MULLIN MD, WILLI	99900	.00	3219.00
01/21/08	AUDREY	72158	11		MRI LUMBAR W/O & W Dx 724.02	1	MULLIN MD, WILLI	99900	.00	3219.00
01/21/08	AUDREY	A9579	11		GAD-BASED CONTRAST NOS, PER ML Dx 724.02	10	MULLIN MD, WILLI	99900	.00	214.00
01/21/08	AUDREY	A9579	11		GAD-BASED CONTRAST NOS, PER ML Dx 724.02	10	MULLIN MD, WILLI	99900	.00	214.00
02/22/08	AUDREY	9992M			BENEFITS EXHAUSTED STATE FARM		MULLIN MD, WILLI	39348	.00	.00
03/14/08	AUDREY	99920			OTHER REASON NOT ELIGIBLE		MULLIN MD, WILLI	40039	.00	.00
04/02/08	AUDREY	9992L			NON COVERED SERVICE MEDICA		MULLIN MD, WILLI	40668	.00	.00
04/02/08	AUDREY	99906			MEDICA DISCOUNT		MULLIN MD, WILLI	40668	.00	85.60
04/02/08	AUDREY	20			MEDICA PAYMENT MEDICA		MULLIN MD, WILLI	40668	.00	102.72
05/09/08	AUDREY	99906			MEDICA DISCOUNT		MULLIN MD, WILLI	41993	.00	1796.75
05/09/08	AUDREY	20			MEDICA PAYMENT MEDICA		MULLIN MD, WILLI	41993	.00	1137.80
03/05/08	AUDREY	62290	11		LUMBAR DISCO INJECT FOR DISCOGRAPHY, Dx 724.4	1	GOLDEN MD, MARSH	39836	.00	1460.00
03/05/08	AUDREY	72295	11		DISCOGRAPHY, LUMBAR, SUPERVISION AND Dx 724.4	1	GOLDEN MD, MARSH	39836	.00	1364.00
03/05/08	AUDREY	A4550	11		SURGICAL TRAY Dx 724.4	1	GOLDEN MD, MARSH	39836	.00	129.00
03/05/08	AUDREY	Q9966	11		LOCN 200-299 MC/ML IML Dx 724.4	1	GOLDEN MD, MARSH	39836	.00	123.00
03/05/08	AUDREY	J1040	11		DEPO-MEDROL 80MG Dx 724.4 DEPO-MEDROL 80MG	1	GOLDEN MD, MARSH	39836	.00	69.00

06/16/2009 14:00 763-433-2001

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PAGE 03/00

Statement of Account

Page 2

AUDREY A SOLTIS		Account Number: 91530413			(Continue)					
Date	Patient	Code	PL	Moda	Description	Units	Doctor	Batch	Pt Amount	Ins Amount
					Dx 724.4					
03/05/08	AUDREY	80020	11		MARCAINE UP TO 30 MG	1	GOLDEN MD,MARSH	39836	.00	18.00
					Dx 724.4					
03/05/08	AUDREY	J1580	11		GENTAMICIN TO 80MG	1	GOLDEN MD,MARSH	39836	.00	5.00
					Dx 724.4					
03/26/08	AUDREY	99906			MEDICA DISCOUNT		GOLDEN MD,MARSH	40437	.00	2025.72-
03/26/08	AUDREY	20			MEDICA PAYMENT		GOLDEN MD,MARSH	40437	.00	796.22-
					MEDICA					
03/26/08	AUDREY	9991N			SUPPLY ADJUSTMENT		GOLDEN MD,MARSH	40437	.00	147.00-
04/16/08	AUDREY	9992A			BAD ID OR GROUP #		GOLDEN MD,MARSH	41098	.00	.00
					BCBS					
04/23/08	AUDREY	9992A			BAD ID OR GROUP #		GOLDEN MD,MARSH	41396	.00	.00
					BCBS					
11/04/08	AUDREY	62311	11		LUMBAR STEROID INJ	1	CUNNINGHAM MD,C	48676	.00	1022.00
					Dx 724.4					
11/04/08	AUDREY	72275	11	59	EPIDUROGRAPHY S&I	1	CUNNINGHAM MD,C	48676	.00	490.00
					Dx 724.4					
					DISTINCT PROCEDURAL SERVICES					
11/04/08	AUDREY	A4550	11		SURGICAL TRAY	1	CUNNINGHAM MD,C	48676	.00	129.00
					Dx 724.4					
11/04/08	AUDREY	Q9966	11		LOCM 200-299 MG/ML	3	CUNNINGHAM MD,C	48676	.00	129.00
					Dx 724.4					
11/04/08	AUDREY	J0702	11		BETAMETHASONE PER	1	CUNNINGHAM MD,C	48676	.00	57.00
					3MG					
					Dx 724.4					
11/04/08	AUDREY	62311	11		LUMBAR STEROID INJ	1	CUNNINGHAM MD,C	99900	.00	1022.00-
					Dx 724.4					
11/04/08	AUDREY	62311	11		LUMBAR STEROID INJ	1	CUNNINGHAM MD,C	99900	.00	1022.00
					Dx 724.4					
11/04/08	AUDREY	72275	11	59	EPIDUROGRAPHY S&I	1	CUNNINGHAM MD,C	99900	.00	490.00-
					Dx 724.4					
					DISTINCT PROCEDURAL SERVICES					
11/04/08	AUDREY	72275	11	59	EPIDUROGRAPHY S&I	1	CUNNINGHAM MD,C	99900	.00	490.00
					Dx 724.4					
					DISTINCT PROCEDURAL SERVICES					
11/04/08	AUDREY	A4550	11		SURGICAL TRAY	1	CUNNINGHAM MD,C	99900	.00	129.00-
					Dx 724.4					
11/04/08	AUDREY	A4550	11		SURGICAL TRAY	1	CUNNINGHAM MD,C	99900	.00	129.00
					Dx 724.4					
11/04/08	AUDREY	Q9966	11		LOCM 200-299 MG/ML	3	CUNNINGHAM MD,C	99900	.00	129.00-
					Dx 724.4					
11/04/08	AUDREY	Q9966	11		LOCM 200-299 MG/ML	3	CUNNINGHAM MD,C	99900	.00	129.00
					Dx 724.4					
11/04/08	AUDREY	J0702	11		BETAMETHASONE PER	1	CUNNINGHAM MD,C	99900	.00	57.00-
					3MG					
					Dx 724.4					
11/04/08	AUDREY	J0702	11		BETAMETHASONE PER	1	CUNNINGHAM MD,C	99900	.00	57.00
					3MG					
					Dx 724.4					
11/28/08	AUDREY	9992M			BENEFITS EXHAUSTED		CUNNINGHAM MD,C	49378	.00	.00
					STATE FARM					
12/18/08	AUDREY	20			MEDICA PAYMENT		CUNNINGHAM MD,C	50345	.00	448.68-
					MEDICA					

06/16/2009 14:00 763-433-2001

Exhibit(s) Page 15 of 26

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Statement of Account

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AUDREY A SOLTIS

Account Number: 91530413

(Continue)

Date	Patient	Code	PL	Mod	Description	Units	Doctor	Batch	Pt Amount	Ins Amount
12/18/08	AUDREY	99906			MEDICA DISCOUNT		CUNNINGHAM MD,C	50345	.00	1137.15-
12/18/08	AUDREY	9991N			SUPPLY ADJUSTMENT		CUNNINGHAM MD,C	50345	.00	129.00-

Total Listed Debits	Total Listed Credits	Total Adjustments	Total Listed Balance	Total Not Listed	Current Balance Due
8428.00	2485.42	5321.22-	621.36	.00	621.36

09
1000-1000
LP-1000

MSC CENTER FOR DIAGNOSTIC IMAGING
1

Collection Information

Date 02/16/09

Page

Account 91530413 Patient Name AUDREY A SOLTIS

Reg Date 03/19/03

Dr CUNNINGHAM

MD, CHARLES T

DOB 03/21/56 Age 52 Sex F SSN 473700643 Copay ID

Misc 1

Misc 2

RP Name AUDREY A SOLTIS

Rel I RP Employer

BC 69

FC

NC

11 Cycle 2

10741 30TH ST

BOWLUS MN 56314

RP Phoned 320-584-5470 Phone2 320-000-0000 Emp Phone

Pri Ins MEDICA CHOICE Cd 501 Grp 53558 Ct 973353789

Pri Ins Sub Name SOLTIS, AUDREY A Rel Sub I

Accept Assignment C

Sec Ins Cd Grp Ct

Pymt Amt 36.48-

Last

Pymt Dt 04/08/05

Rel Sub Sig on File (Y/N) Y

Pymt Code 32

Last

Sec Ins Sub Name

Chg Dt 11/04/08

	Current	31-60	61-90	91-120	121-150	151	Total Due
Patient	.00	112.17	.00	.00	.00	.00	112.17
Insurance	.00	.00	.00	.00	.00	.00	.00
Charge-off	.00	.00	.00	.00	.00	509.19	509.19

Service Post	Date	Patient	Code	Pl	Mods	Description	Unts	Dr	Diagl	Diag2	Amount	Fac	Date
03/19/03	AUDREY	64470	11	50		C-FACET JT/NRV BLCK	1	0413	723.1		1352.00	SH	
03/28/03	3109 HM					INJ Dx 723.1							
03/19/03	AUDREY	76005	11			BILATERAL PROCEDURE FLUOROSCOPY, CERVICAL	1	0413	723.1		246.00	SH	
03/28/03	3109 HM					Dx 723.1							
03/19/03	AUDREY	A4550	11			SURGICAL TRAY	1	0413	723.1		125.00	SH	
03/28/03	3109 HM					Dx 723.1							
03/19/03	AUDREY	A4645	11			/N, TRAY SYRINGE OMNIPAQUE 240 LOCM	1	0413	723.1		120.00	SH	
03/28/03	3109 HM					Dx 723.1							
03/19/03	AUDREY	J2000	11			200-299 MG'S IODINE LIDOCAINE	1	0413	723.1		15.00	SH	
03/28/03	3109 HM					Dx 723.1							
03/19/03	AUDREY	J3301	11			KENALOG PER 10 MG	1	0413	723.1		70.00	SH	
03/28/03	3109 HM					Dx 723.1							
04/11/03	AUDREY	17				BCBS PAYMENT		0413			434.89-	SH	
04/11/03	3363 HM					BCBS							
04/11/03	AUDREY	9991N				SUPPLY ADJUSTMENT		0413			15.00-	SH	
04/11/03	3363 HM					BC UC-R DISCOUNT		0413			1369.39-	SH	
04/11/03	AUDREY	99904											
04/11/03	3363 HM					COLLECTION RESOURCES		0413			43.49-	SH	
04/22/05	AUDREY	40											
04/22/05	21924 PR					COMMISSION CR 3/31/05							
04/22/05	AUDREY	32				COLLECTION AGENCY		0413			65.23-	SH	
04/22/05	21924 PR					PAYMENT CR 3/31/05							
10/20/06	AUDREY	64626	24			RF RHIZOTOMY; CERV	1	0403	723.1		578.00	15	
10/30/06	30846 38					1ST LEVEL Dx 723.1							
10/20/06	AUDREY	64627	24			RF RHIZOTOMY; CER-2ND	1	0403	723.1		163.00	15	
10/30/06	30846 38					LEVEL Dx 723.1							
10/20/06	AUDREY	76005	24	26		FLUOROSCOPY, CERVICAL	1	0403	723.1		86.00	15	
10/30/06	30846 38					FOR RHIZOTOMY Dx 723.1							

10/20/06 AUDREY	64626	11	PROFESSIONAL FEE				
10/30/06 30846 38			RF RHIZOTOMY;THORACI	1	0403 VOID	.00	15
			Dx VOID				

MSC CENTER FOR DIAGNOSTIC IMAGING 2						Collection Information				Date 02/16/09		Page					
AUDREY A SOLTIS						Account Number: 91530413				(CONTINUE) (CONTINUE)							
Service Post		Patient		Input		Description		Diag1		Diag2		Amount		Fac		Date	
Batch	ET			Code	Pl	Mods		Unts	Dr								
10/20/06		AUDREY		76005	11	26	FLUOROSCOPY, SPINAL	1	0403	VOID			.00		15		
10/30/06		30846 38					Dx VOID PROFESSIONAL FEE AUTO INS PAYMENT		0403				827.00-		15		
11/22/06		AUDREY		2P			STATE FARM IN										
11/22/06		31240 38					MRI LUMBAR W/O & W	1	0402	724.02			3219.00		SM		
01/21/08		AUDREY		72158	11		Dx 724.02										
01/24/08		38550 38					GAD-BASED CONTRAST	10	0402	724.02			214.00		SM		
01/21/08		AUDREY		A9579	11		NOS, PER ML Dx 724.02										
01/24/08		38550 38					MRI LUMBAR W/O & W	1	0402	724.02			3219.00-		SM		
01/21/08		AUDREY		72158	11		Dx 724.02										
02/18/08		99900 38					MRI LUMBAR W/O & W	1	0402	724.02			3219.00		SM		
01/21/08		AUDREY		A9579	11		Dx 724.02										
02/18/08		99900 38					GAD-BASED CONTRAST	10	0402	724.02			214.00-		SM		
01/21/08		AUDREY		A9579	11		NOS, PER ML Dx 724.02										
02/18/08		99900 50					GAD-BASED CONTRAST	10	0402	724.02			214.00		SM		
02/22/08		AUDREY		9992M			NOS, PER ML Dx 724.02										
02/22/08		39348 38					BENEFITS EXHAUSTED	0402					.00		SM		
03/14/08		AUDREY		9992O			STATE FARM	0402					.00		SM		
03/14/08		40039 38					OTHER REASON										
04/02/08		AUDREY		9992L			NOT ELIGIBLE	0402					.00		SM		
04/02/08		40668 38					NON COVERED SERVICE										
04/02/08		AUDREY		99906			MEDICA	0402					85.60-		SM		
04/02/08		40668 38					MEDICA DISCOUNT										
04/02/08		AUDREY		20			MEDICA PAYMENT	0402					102.72-		SM		
04/02/08		40668 38															
05/09/08		AUDREY		99906			MEDICA	0402					1796.75-		SM		
05/09/08		41993 50					MEDICA DISCOUNT										
05/09/08		AUDREY		20			MEDICA PAYMENT	0402					1137.80-		SM		
05/09/08		41993 50															
03/05/08		AUDREY		62290	11		MEDICA	1	0403	724.4			1460.00		25		
03/10/08		39836 50					LUMBAR DISCO INJECT										
03/05/08		AUDREY		72295	11		FOR DISCOGRAPHY, Dx 724.4	1	0403	724.4			1364.00		25		
03/10/08		39836 50					DISCOGRAPHY, LUMBAR,										
03/05/08		AUDREY		A4550	11		SUPERVISION AND Dx 724.4	1	0403	724.4			129.00		25		
03/10/08		39836 50					SURGICAL TRAY										
03/05/08		AUDREY		Q9966	11		Dx 724.4	1	0403	724.4			123.00		25		
03/10/08		39836 50					LOCM 200-299 MG/ML										
03/05/08		AUDREY		J1040	11		1ML Dx 724.4	1	0403	724.4			69.00		25		
03/10/08		39836 50					DEPO-MEDROL 80MG										
03/05/08		AUDREY		S0020	11		Dx 724.4	1	0403	724.4			18.00		25		
03/10/08		39836 50					MARCAINE UP TO 30 MG										
							Dx 724.4										

03/05/08 AUDREY	J1580 11	GENTAMICIN TO 80MG	1 0403 724.4	5.00	25
03/10/08 39836 50					
03/26/08 AUDREY	99906	Dx 724.4			
03/26/08 40437 50		MEDICA DISCOUNT	0403	2025.72-	25
03/26/08 AUDREY	20	MEDICA PAYMENT	0403	796.22-	25
03/26/08 40437 50					
03/26/08 AUDREY	9991N	MEDICA			
03/26/08 40437 50		SUPPLY ADJUSTMENT	0403	147.00-	25
04/16/08 AUDREY	9992A	BAD ID OR GROUP #	0403	.00	25
04/16/08 41098 SP					
04/23/08 AUDREY	9992A	BCBS			
04/23/08 41396 SP		BAD ID OR GROUP #	0403	.00	25

Total Listed Debits	Total Listed Credits	Total Adjustments	Total Listed Balance	Total Not Listed	Current Balance Due
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11183.00	3856.03	6705.61-	621.36	.00	621.36
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04/15/2009 11:20 763-43 301

CDI RR

Statement of Account

Page 1

Statement 01/21/08 Through 04/15/09

CENTER FOR DIAGNOSTIC IMAGING
PO BOX 1450 NW 6035
MINNEAPOLIS MN 55485-6035

Account 91530413

Balance Due \$ 521.36

Statement Date 04/15/09

Business Phone 800-634-4064

Registration Phone 952-541-1840

Federal ID No. 41-1410766

BC 69

AUDREY A SOLTIS

FC

10741 30TH ST

NC

BOWLUS MN 56314

- - Patient Name - -

AUDREY A SOLTIS

- - Misc Remarks - -

Date	Patient	Code	PL	Mod	Description	Units	Doctor	Batch	Pt Amount	Ins Amount
01/21/08	AUDREY	72158	11		MRI LUMBAR W/O & W Dx 724.02	1	MULLIN MD,WILLI	38550	.00	3219.00
01/21/08	AUDREY	A9579	11		GAD-BASED CONTRAST NOS, PER ML Dx 724.02	10	MULLIN MD,WILLI	38550	.00	214.00
01/21/08	AUDREY	72158	11		MRI LUMBAR W/O & W Dx 724.02	1	MULLIN MD,WILLI	99900	.00	3219.00-
01/21/08	AUDREY	72158	11		MRI LUMBAR W/O & W Dx 724.02	1	MULLIN MD,WILLI	99900	.00	3219.00
01/21/08	AUDREY	A9579	11		GAD-BASED CONTRAST NOS, PER ML Dx 724.02	10	MULLIN MD,WILLI	99900	.00	214.00-
01/21/08	AUDREY	A9579	11		GAD-BASED CONTRAST NOS, PER ML Dx 724.02	10	MULLIN MD,WILLI	99900	.00	214.00
02/22/08	AUDREY	9992M			BENEFITS EXHAUSTED STATE FARM		MULLIN MD,WILLI	39348	.00	.00
03/14/08	AUDREY	9992O			OTHER REASON NOT ELIGIBLE		MULLIN MD,WILLI	40039	.00	.00
04/02/08	AUDREY	9992L			NON COVERED SERVICE MEDICA		MULLIN MD,WILLI	40668	.00	.00
04/02/08	AUDREY	99906			MEDICA DISCOUNT		MULLIN MD,WILLI	40668	.00	85.60-
04/02/08	AUDREY	20			MEDICA PAYMENT MEDICA		MULLIN MD,WILLI	40668	.00	102.72-
05/09/08	AUDREY	99906			MEDICA DISCOUNT		MULLIN MD,WILLI	41993	.00	1796.75-
05/09/08	AUDREY	20			MEDICA PAYMENT MEDICA		MULLIN MD,WILLI	41993	.00	1137.80-
03/05/08	AUDREY	62290	11		LUMBAR DISCO INJECT FOR DISCOGRAPHY, Dx 724.4	1	GOLDEN MD,MARSH	39836	.00	1460.00
03/05/08	AUDREY	72295	11		DISCOGRAPHY, LUMBAR, SUPERVISION AND Dx 724.4	1	GOLDEN MD,MARSH	39836	.00	1364.00
03/05/08	AUDREY	A4550	11		SURGICAL TRAY Dx 724.4	1	GOLDEN MD,MARSH	39836	.00	129.00
03/05/08	AUDREY	Q9966	11		LOCM 200-299 MG/ML 1ML Dx 724.4	1	GOLDEN MD,MARSH	39836	.00	123.00
03/05/08	AUDREY	J1040	11		DEPO-MEDROL 80MG Dx 724.4 DEPO-MEDROL 80MG	1	GOLDEN MD,MARSH	39836	.00	69.00

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AUDREY A SOLTIS		Account Number: 91530413			(Continue)					
Date	Patient	Code	FL	Mod	Description	Units	Doctor	Batch	Pt Amount	Ins Amount
03/05/08	AUDREY	S0020	11		Dx 724.4 MARCANE UP TO 30 MG	1	GOLDEN MD,MARSH	39826	.00	18.00
03/05/08	AUDREY	J1580	11		Dx 724.4 GENTAMICIN TO 80MG	1	GOLDEN MD,MARSH	39826	.00	5.00
03/26/08	AUDREY	99905			Dx 724.4 MEDICA DISCOUNT		GOLDEN MD,MARSH	40437	.00	2025.72-
03/26/08	AUDREY	20			MEDICA PAYMENT		GOLDEN MD,MARSH	40437	.00	796.22-
03/26/08	AUDREY	9991N			MEDICA SUPPLY ADJUSTMENT		GOLDEN MD,MARSH	40437	.00	147.00-
04/16/08	AUDREY	9992A			BAD ID OR GROUP # BCBS		GOLDEN MD,MARSH	41098	.00	.00
04/23/08	AUDREY	9992A			BAD ID OR GROUP # BCBS		GOLDEN MD,MARSH	41396	.00	.00
11/04/08	AUDREY	62311	11		LUMBAR STEROID INJ Dx 724.4	1	CUNNINGHAM MD,C	48676	.00	1022.00
11/04/08	AUDREY	72275	11	59	EPIDUROGRAPHY S&I Dx 724.4	1	CUNNINGHAM MD,C	48676	.00	490.00
11/04/08	AUDREY	A4550	11		DISTINCT PROCEDURAL SERVICES SURGICAL TRAY Dx 724.4	1	CUNNINGHAM MD,C	48676	.00	129.00
11/04/08	AUDREY	Q9966	11		LOCM 200-299 MG/ML Dx 724.4	3	CUNNINGHAM MD,C	48676	.00	129.00
11/04/08	AUDREY	J0702	11		BETAMETHASONE PER 3MG Dx 724.4	1	CUNNINGHAM MD,C	48676	.00	57.00
11/04/08	AUDREY	62311	11		LUMBAR STEROID INJ Dx 724.4	1	CUNNINGHAM MD,C	99900	.00	1022.00-
11/04/08	AUDREY	62311	11		LUMBAR STEROID INJ Dx 724.4	1	CUNNINGHAM MD,C	99900	.00	1022.00
11/04/08	AUDREY	72275	11	59	EPIDUROGRAPHY S&I Dx 724.4	1	CUNNINGHAM MD,C	99900	.00	490.00-
11/04/08	AUDREY	72275	11	59	DISTINCT PROCEDURAL SERVICES EPIDUROGRAPHY S&I Dx 724.4	1	CUNNINGHAM MD,C	99900	.00	490.00
11/04/08	AUDREY	A4550	11		DISTINCT PROCEDURAL SERVICES SURGICAL TRAY Dx 724.4	1	CUNNINGHAM MD,C	99900	.00	129.00-
11/04/08	AUDREY	A4550	11		SURGICAL TRAY Dx 724.4	1	CUNNINGHAM MD,C	99900	.00	129.00
11/04/08	AUDREY	Q9966	11		LOCM 200-299 MG/ML Dx 724.4	3	CUNNINGHAM MD,C	99900	.00	129.00-
11/04/08	AUDREY	Q9966	11		LOCM 200-299 MG/ML Dx 724.4	3	CUNNINGHAM MD,C	99900	.00	129.00
11/04/08	AUDREY	J0702	11		BETAMETHASONE PER 3MG Dx 724.4	1	CUNNINGHAM MD,C	99900	.00	57.00-
11/04/08	AUDREY	J0702	11		BETAMETHASONE PER 3MG Dx 724.4	1	CUNNINGHAM MD,C	99900	.00	57.00
11/28/08	AUDREY	9992M			BENEFITS EXHAUSTED STATE FARM		CUNNINGHAM MD,C	49378	.00	.00
12/18/08	AUDREY	20			MEDICA PAYMENT MEDICA		CUNNINGHAM MD,C	50345	.00	448.68-

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AUDREY A SOLTIS

Account Number: 91530413

(Continue)

Date	Patient	Code	FL	Mods	Description	Units	Doctor	Batch	Pt Amount	Ins Amount
12/18/08	AUDREY	99906			MEDICA DISCOUNT		CUNNINGHAM MD,C	50345	.00	1137.15-
12/18/08	AUDREY	9991N			SUPPLY ADJUSTMENT		CUNNINGHAM MD,C	50345	.00	129.00-
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	Total Listed Debits	Total Listed Credits	Total Adjustments	Total Listed Balance	Total Not Listed	Current Balance Due				
	8428.00	2485.42	5321.22-	621.36	.00	621.36				

Statement 08/31/06 Through 12/17/07

Statement of Account

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Center for Diagnostic Imaging
 PO BOX 1450 NW5075
 MINNEAPOLIS MN 55485-5075

Account 91530413

Balance Due \$.00

Statement Date 12/17/07

Federal ID No. 41-1410172

Business Phone 800-634-4064
 Registration Phone 952-541-1840

BC 20 AUDREY A SOLTIS
 PC 10741 30TH ST
 NC BOWLUS MN 56314

- - Patient Name - -
 AUDREY A SOLTIS
 - - Misc Remarks - -

Date	Patient	Code	PL	Mod	Description	Units	Doctor	Batch	Pt Amount	Ins Amount
08/31/06	AUDREY	64475	11		L-FACET JT/NRV BLCK INJ, 1 LEVEL Dx 723.1	1	POBIEL MD, RONAL	17014	.00	585.00
08/31/06	AUDREY	76005	11		FLUOROSCOPY, LUMBAR Dx 723.1	1	POBIEL MD, RONAL	17014	.00	317.00
08/31/06	AUDREY	A4550	11		SURGICAL TRAY Dx 723.1	1	POBIEL MD, RONAL	17014	.00	129.00
08/31/06	AUDREY	Q9947	11		LOCM 200-249 MG/ML IML Dx 723.1	1	POBIEL MD, RONAL	17014	.00	123.00
08/31/06	AUDREY	J1030	11		DEPO-MEDROL 40MG Dx 723.1	1	POBIEL MD, RONAL	17014	.00	59.00
08/31/06	AUDREY	S0020	11		MARCAINE UP TO 30 MG Dx 723.1	1	POBIEL MD, RONAL	17014	.00	18.00
09/18/06	AUDREY	2P			AUTO INS PAYMENT STATE FARM		POBIEL MD, RONAL	17273	.00	1231.00
10/17/06	AUDREY	72148	11		MRI LUMBAR W/O Dx 724.02	1	ANG MD, ROBERTO	17984	.00	2196.00
11/06/06	AUDREY	2P			AUTO INS PAYMENT STATE FARM		ANG MD, ROBERTO	18340	.00	2196.00
Total Listed Debits		Total Listed Credits	Total Adjustments		Total Listed Balance	Total Not Listed	Current Balance Due			
3427.00		3427.00	.00		.00	.00	.00		.00	

Statement of Account

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Statement 10/20/06 Through 12/17/07

CENTER FOR DIAGNOSTIC IMAGING
PO BOX 1414 NCB 6
MINNEAPOLIS MN 55480-1414

Account 91530413

Balance Due \$.00

Statement Date 12/17/07

Business Phone 800-634-4064
Registration Phone 952-541-1840

Federal ID No. 41-1410766

BC 69 AUDREY A SOLTIS
FC 10741 30TH ST
NC BOWLING MN 56314

- - Patient Name - -
AUDREY A SOLTIS

- - Misc Remarks - -

Date	Patient	Code	PL	Mod	Description	Units	Doctor	Batch	Pt Amount	Ins Amount
10/20/06	AUDREY	64626	24		RF RHIZOTOMY; CERV 1ST LEVEL Dx 723.1	1	GOLDEN MD,MARSH	30846	.00	578.00
10/20/06	AUDREY	64627	24		RF RHIZOTOMY; CERV-2ND LEVEL Dx 723.1	1	GOLDEN MD,MARSH	30846	.00	163.00
10/20/06	AUDREY	76005	24	26	FLUOROSCOPY, CERVICAL FOR RHIZOTOMY Dx 723.1	1	GOLDEN MD,MARSH	30846	.00	86.00
10/20/06	AUDREY	64626	11		RF RHIZOTOMY; THORACI Dx VOID	1	GOLDEN MD,MARSH	30846	.00	.00
10/20/06	AUDREY	76005	11	26	FLUOROSCOPY, SPINAL Dx VOID	1	GOLDEN MD,MARSH	30846	.00	.00
11/22/06	AUDREY	2P			PROFESSIONAL FEE AUTO INS PAYMENT STATE FARM IN		GOLDEN MD,MARSH	31240	.00	827.00-

Total Listed Debits	Total Listed Credits	Total Adjustments	Total Listed Balance	Total Not Listed	Current Balance Due
827.00	827.00	.00	.00	.00	.00